

Case Number:	CM15-0147210		
Date Assigned:	08/10/2015	Date of Injury:	02/14/2005
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female, who sustained an industrial injury on February 14, 2005. The injured worker was diagnosed as having status post carpal tunnel release of the left hand with ongoing symptoms, chronic tendinitis, and tenosynovitis in the left upper extremity. Treatments and evaluations to date have included bracing, carpal tunnel release, home exercise program (HEP), compression glove, and medication. Currently, the injured worker reports worsening left wrist pain and numbness with pain radiating up her forearm and hand. The Treating Physician's report dated June 17, 2015, noted the injured worker reported reporting she could not function without her compression glove. The injured worker reported using Tramadol ER at to help with her pain, and Voltaren gel as an anti-inflammatory, alternating with Mobic. The injured worker reported 50% reduction in pain and 50% functional improvement with unspecified activities of daily living (ADLs) with the medications versus not taking them at all. The injured worker rated her pain as 8 out of 10, with 4 out of 10 at best with the medications, and 10 out of 10 without the medications. The injured worker was noted to remain on Social Security Disability. Physical examination of the left hand was noted to show positive Phalen's and Tinel's signs, positive Finkelstein maneuver, and painful passive range of motion (ROM) in flexion to extension. The treatment plan was noted to include refill of the medications Ultram ER, Voltaren gel, and Mobic. The Physician noted the injured worker was under a narcotic contract with the office and urine drug screen (UDS) had been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultram ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Ultram (Tramadol) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Ultram since October 2012. The documentation provided did not include documentation of current, objective, measurable improvement in the injured worker's ability to perform specific activities of daily living (ADLs), her quality of life, work status, or dependency on continued medical care with use of the Ultram. The documentation did not include a pain assessment that included the intensity of pain after taking the Ultram, how long it takes for pain relief, or how long the pain relief lasts. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Ultram ER 100mg #30.